APPLICATION FOR RESIDENTIAL BUILDING PERMIT



New Building

City of Warren Building Code Department

318 West Third Avenue, Warren, PA 16365 Phone (814) 723-6300 - Fax (814) 723-3242 www.cityofwarrenpa.gov

PLEASE COMPLETE ALL REQUIRED INFORMATION. Official Use Only (Incomplete applications cannot be processed) Permit No. Application Date: Date Received: LOCATION OF PROPOSED WORK OR IMPROVEMENT: Site Address: _____ Tax Parcel No.: (MUST BE COMPLETED) **Municipality:** (Please check appropriate box) *City of Warren *Conewango Twp *CITY/COUNTY ZONING APPROVAL REQUIRED **Directions to Site:** (If located on a private road or remote location) OWNER: _ Phone: (Note: The building Permit and Certificate of Occupancy will be issued to the name listed above) Contact Name: _____ Fax: _____ Mailing Address: _____ Cell: _____ City: _____ State: ____ Zip: ____ Email: ____ APPLICANT: Phone: Cell: Mailing Address: City: _____ State: ____ Zip: ____ Email: ____ PRINCIPAL CONTRACTOR: _____ Phone: ____ Contact Name: _____ Fax: ____ Mailing Address: _____ Cell: _____ City: _____ State: ____ Zip: ____ Email: ____ Home Improvement Contract Registration Number: TYPE OF WORK OR IMPROVEMENT: (Please check all that apply)

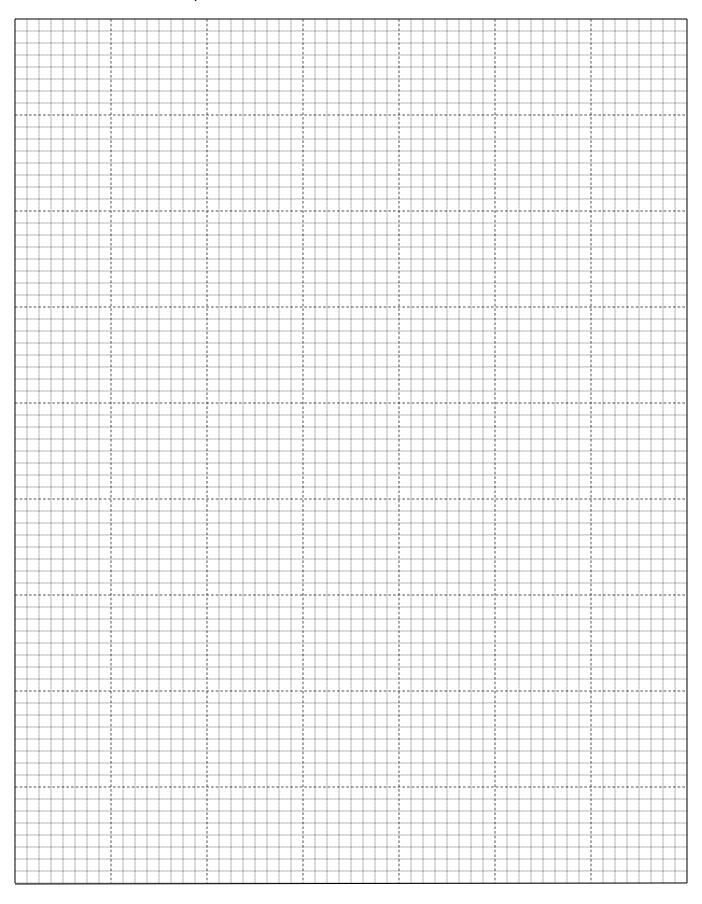
Addition | Alteration | Foundation Only | Change of Use | Pool/Hot Tub/Spa

Deck/Porch | Garage/Carport | Storage Building | Demolition | Manufactured/Industrialized Housing

Description of the Proposed Work:

SITE PLAN

Show the size and location of all new construction and all existing structures on the site. Show distances from the new construction to the front, side and rear property boundaries. This form may be used in lieu of a formal site plan.



PROJECT DATA:

Number of stories above grade:	Floor area of new construction: sq. ft.							
Floor area of addition : sq. ft.	Floor area of alteration : sq. ft.							
Is there a basement?	Total basement area: sq. ft.							
Existing building area: sq. ft.	Fair market value of construction: \$							
Is the site located within an identified flood	hazard area? No Yes							
Will any portion of the flood hazard area be	e developed? No Yes N/A							
If either is checked yes, certification that th	e lowest floor elevation is at or above the design 100-year flood elevation e Program and the Pennsylvania Flood Plain Management Act (Act 166-							
Is a site plan attached, showing the size ar the structure's distance from the property li	nd location of the new construction and existing structures on the site and ne? Yes No							
ical layouts, energy code compliance data,	s attached, illustrating elevations, floor plans, electrical, plumbing, mechan- design loads and calculations, window and door schedule, typical cross iils, etc.? A lack of drawings will deem the application incomplete.							
Applicant's Certification:	Yes No							
	e project for which this application is filed, I certify that: d all other information provided as part of this application for a build-							
ing permit is correct.	·							
	in this application will not be occupied until all known code viola-							
3. This project will be constructed in a any required non-design changes a	tions are corrected and a Certificate of Occupancy has been received from the City of Warren BCO. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes and the Uniform Construction Code standards as specified in 34 PA							
Code Chapters.4. Any changes to the approved document.	ments will be filed with the City of Warren Building Code Depart-							
5. If the licensed architect or engineer	in responsible charge of this construction should change, written							
	the City of Warren Building Code Department. rawing and specification or application, whether approved or not,							
shall permit or relieve me from cons	structing the work in any manner other than provided for in 34 PA resentation of facts or statements may be cause for permit revoca-							
tion by the Building Code Official.								
	cial or authorized representative shall have the authority to enter by reasonable hour to enforce the provisions of the code(s)							
арріючью со заон а реннік.								
Signature of Owner or Authorized Agent								

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WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

A.	Instructions (Please read carefully and complete all required information) Is the building permit APPLICANT a contractor within the meaning of the PA Workers' Compensation Law? Yes No								
		answer is "yes", complete Sectio applicants must complete Applica							
В.		rance Information e of Contractor:							
	Fede	Federal or State Employer Identification No.:							
	Nam	Name of Workers' Compensation Insurer:							
	Polic	y No.:	Expiration Date:	C	opy of certificate	required			
	_	Contractor is a State approved se	elf-insurer for workers' comp	ensation. C	opy of certificate	required			
C.	Ш	Affidavit of Exemption							
		Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.							
	insur	undersigned hereby swears or affirms that he/she is not required to provide workers' compensation trance under the provisions of Pennsylvania Workers' Compensation Law for one of the following sons, as indicated below:							
	П	Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.							
		Contractor with employees who claim a religious exemption under Section 304.2 of the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance provided that copies of their Certification of Religious Exception (LIBC-14C) forms for EACH EMPLOYEE that will be performing work at the project site, are submitted with this application.							
	The	The undersigned hereby swears or affirms that he/she has understands and will comply with the following:							
	•	The applicant is not permitted to permit in violation of the Workers' Competer Work order and other fines and p	s' Compensation Law. ensation Law or the terms of	this permit wi					
	<u>App</u>	licant Information (Person cove	,		nust be notari ning an exemp				
	Name - Please print clearly			Subscribed an	d sworn before me	e this			
	Street	Address		day of _		, 20			
	City, State, Zip			Signature of Notary Public					
				My Commission Expires:					

Additional copies of this form are available upon request

Signature